

**PART 57—VOLUNTEER SERVICES**

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AUTHORITY: Sec. 223, 58 Stat. 683, as amended by 81 Stat. 539; 42 U.S.C. 217b.

SOURCE: 34 FR 13868, Aug. 29, 1969, unless otherwise noted.

**§ 57.1 Applicability.**

The regulations in this part apply to the acceptance of volunteer and uncompensated services for use in the operation of any health care facility of the Department or in the provision of health care.

**§ 57.2 Definitions.**

As used in the regulations in this part:

*Secretary* means the Secretary of Health and Human Services.

*Department* means the Department of Health and Human Services.

*Volunteer services* are services performed by individuals (hereafter called volunteers) whose services have been offered to the Government and accepted under a formal agreement on a without compensation basis for use in the operation of a health care facility or in the provision of health care.

*Health care* means services to patients in Department facilities, beneficiaries of the Federal Government, or individuals or groups for whom health services are authorized under the programs of the Department.

*Health care facility* means a hospital, clinic, health center, or other facility established for the purpose of providing health care.

**§ 57.3 Volunteer service programs.**

Programs for the use of volunteer services may be established by the Secretary, or his designee, to broaden and strengthen the delivery of health services, contribute to the comfort and well being of patients in Department hospitals or clinics, or expand the services required in the operation of a health care facility. Volunteers may be

used to supplement, but not to take the place of, personnel whose services are obtained through the usual employment procedures.

**§ 57.4 Acceptance and use of volunteer services.**

The Secretary, or his designee, shall establish requirements for: Accepting volunteer services from individuals or groups of individuals, using volunteer services, giving appropriate recognition to volunteers, and maintaining records of volunteer services.

**§ 57.5 Services and benefits available to volunteers.**

(a) The following provisions of law may be applicable to volunteers whose services are offered and accepted under the regulations in this part:

(1) Subchapter I of Chapter 81 of Title 5 of the United States Code relating to medical services for work related injuries;

(2) Title 28 of the United States Code relating to tort claims;

(3) Section 7903 of Title 5 of the United States Code relating to protective clothing and equipment; and

(4) Section 5703 of Title 5 of the United States Code relating to travel and transportation expenses.

(b) Volunteers may also be provided such other benefits as are authorized by law or by administrative action of the Secretary or his designee.

**PART 60—NATIONAL PRACTITIONER DATA BANK FOR ADVERSE INFORMATION ON PHYSICIANS AND OTHER HEALTH CARE PRACTITIONERS****Subpart A—General Provisions**

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AUTHORITY: Secs. 401–432 of the Health Care Quality Improvement Act of 1986, Pub. L. 99–660, 100 Stat. 3784–3794, as amended by section 402 of Pub. L. 100–177, 101 Stat. 1007–1008 (42 U.S.C. 11101–11152).

SOURCE: : 54 FR 42730, Oct. 17, 1989, unless otherwise noted.

### Subpart A—General Provisions

#### § 60.1 The National Practitioner Data Bank.

The Health Care Quality Improvement Act of 1986 (the Act), title IV of Pub. L. 99–660, as amended, authorizes the Secretary to establish (either directly or by contract) a National Practitioner Data Bank to collect and release certain information relating to the professional competence and conduct of physicians, dentists and other health care practitioners. These regulations set forth the reporting and disclosure requirements for the National Practitioner Data Bank.

#### § 60.2 Applicability of these regulations.

The regulations in this part establish reporting requirements applicable to hospitals; health care entities; Boards of Medical Examiners; professional societies of physicians, dentists or other health care practitioners which take adverse licensure of professional review actions; and entities (including insurance companies) making payments as a result of medical malpractice actions or claims. They also establish procedures to enable individuals or entities to obtain information from the National Practitioner Data Bank or to

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dispute the accuracy of National Practitioner Data Bank information.

[59 FR 61555, Dec. 1, 1994]

### § 60.3 Definitions.

*Act* means the Health Care Quality Improvement Act of 1986, title IV of Pub. L. 99–660, as amended.

*Adversely affecting* means reducing, restricting, suspending, revoking, or denying clinical privileges or membership in a health care entity.

*Board of Medical Examiners*, or *Board*, means a body or subdivision of such body which is designated by a State for the purpose of licensing, monitoring and disciplining physicians or dentists. This term includes a Board of Osteopathic Examiners or its subdivision, a Board of Dentistry or its subdivision, or an equivalent body as determined by the State. Where the Secretary, pursuant to section 423(c)(2) of the Act, has designated an alternate entity to carry out the reporting activities of § 60.9 due to a Board's failure to comply with § 60.8, the term *Board of Medical Examiners* or *Board* refers to this alternate entity.

*Clinical privileges* means the authorization by a health care entity to a physician, dentist or other health care practitioner for the provision of health care services, including privileges and membership on the medical staff.

*Dentist* means a doctor of dental surgery, doctor of dental medicine, or the equivalent who is legally authorized to practice dentistry by a State (or who, without authority, holds himself or herself out to be so authorized).

*Formal peer review process* means the conduct of professional review activities through formally adopted written procedures which provide for adequate notice and an opportunity for a hearing.

*Health care entity* means:

(a) A hospital;

(b) An entity that provides health care services, and engages in professional review activity through a formal peer review process for the purpose of furthering quality health care, or a committee of that entity; or

(c) A professional society or a committee or agent thereof, including those at the national, State, or local level, of physicians, dentists, or other